



APPLICATION FOR BRIDGES PROGRAM

APPLICANT INFORMATION

| | | |
|---|----------------|-------------|
| Applicant Name: | | |
| <p>Extent of Homelessness Prior to Program Intake:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Not Homeless <input type="checkbox"/> 1st Time Homeless <input type="checkbox"/> 2nd or 3rd Time Homeless </div> <p><input type="checkbox"/> Long Term Homeless (homeless for 12 or more consecutive months or 4 times in the last 3 years)</p> <p>Previous Living Situation Prior to Program Intake:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Board and Lodge Facility <input type="checkbox"/> Correctional Facility/Jail <input type="checkbox"/> Detox </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/Motel </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Living with Relatives or Friends <input type="checkbox"/> Nursing Home <input type="checkbox"/> Regional Treatment Center (RTC) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Rent Burdened <input type="checkbox"/> Rule 36 Facility <input type="checkbox"/> Shelter </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Street <input type="checkbox"/> Substandard Housing <input type="checkbox"/> Transitional Housing </div> <p><input type="checkbox"/> Other (explain) _____</p> | | |
| Current Address, If applicable: | | |
| City: | State: | Zip: |
| County: | Home Phone: | Work Phone: |
| <p>Name, Address and phone number of person NOT living with you to contact in case of an emergency:</p> <p>Relationship:</p> | | |
| Name of Case Manager, agency name, address and phone number, if applicable: | | |
| Name of crises assistance organization: (include phone number): | | |

HOUSEHOLD COMPOSITION

1. List the Head of Household and other members who will be living in the unit. Give the relationship of each family member to the head.

| FULL NAME | RELATIONSHIP | BIRTH DATE | AGE | SEX (M, F, or UNK) | SOCIAL SECURITY NUMBER |
|-----------|--------------|------------|-----|--------------------|------------------------|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Race of Head of Household (check one):

- ☐ Asian
☐ Black/African American
☐ Native Hawaiian or Other Pacific Islander

☐ Native American/Alaskan Native
☐ White

3. Ethnicity of Head of Household (check one) ☐ Hispanic ☐ Non-Hispanic

NOTE: Applicants are not required to provide information on questions 2 and 3, but supplying it will aid in monitoring program operations, and in determining compliance with civil rights laws.

4. Marital Status: ☐ Married ☐ Unmarried ☐ Separated ☐ Divorced

5. Family Status: ☐ Head/spouse 62 or over ☐ Other family member handicapped or disabled

☐ Head/spouse handicapped or disabled ☐ None of the above

6. Have you applied for Section 8 Housing Choice Voucher? ☐ NO (Go to b.) ☐ YES (Go to a.)
 a.) If YES, please supply the following: The APPLICANT has applied for Section 8 Housing Choice Voucher at the following Housing Agencies (HA):

| | |
|---------|---------------------|
| HA Name | Date of Application |
| HA Name | Date of Application |
| HA Name | Date of Application |

b.) If NO, the APPLICANT understands that he/she must apply when the waiting list opens. _____ The waiting list is currently closed. Applicant must sign up for Section 8 as soon as waiting list opens or the applicant/participant will be terminated from the Bridges Program and will no longer receive a Bridges Program rent subsidy.
 If the waiting list is closed when is the anticipated date the waiting list will open? _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each yes, provide details in the income section below.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Entitled to child support that he/she is not receiving? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have an entitlement to receive alimony that is not currently being received? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Receive or expect to receive public assistance (TANF, MFIP, GA, FGA)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Receive or expect to receive Social Security benefits (SSI+MSI, SSDI, RSDI)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Receive or expect to receive regular contributions from organizations or from individuals not living in unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Own real estate or any assets for which you receive no income (checking account, cash)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Have you sold or given away real property or other assets (including cash) for less than their fair market value during the past two years? If more room is needed, attach another sheet. |
- If yes, when _____ Amount _____ Type of Asset _____

INCOME

| Source of Income/Type of Income | Monthly Income |
|---------------------------------|----------------|
| | |
| | |
| | |
| | |
| TOTAL MONTHLY INCOME | |

NOTE: Income eligibility will be recertified annually. Participants are responsible for immediately notifying the Housing Authority if income increases at any time while assistance is being received.

Name & Address of Head of Household's current employer, if applicable:

Length of employment:

Supervisor's Name:

Supervisor's phone number:

ASSETS

| Bank or Agency Name | Type of Account | Account Number | Balance |
|---------------------|-----------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

| APPLICANT CERTIFICATION | |
|---|--|
| With my signature below, I certify that: <ul style="list-style-type: none"> I have provided true and correct information on this application form, to the best of my knowledge and belief; and I have read and understand the information contained on the Government Data Practices Act Statement and Authorization to Obtain information, and acknowledge so by signing said form (attached). | |
| Head of Household's signature | |
| Date: | |
| Other adults (18 and over) living in household signature | |
| Date: | |
| Other adults (18 or over) living in household signature | |
| Date: | |
| Other adults (18 or over) living in household signature | |
| Date: | |

INSTRUCTIONS FOR COMPLETING BRIDGES PROGRAM FORM 2

NOTE: This application is only for the Bridges Program. Assistance through this program is meant to be temporary and to continue only until Section 8 assistance is obtained. Completion of this form does not place the applicant on the Housing Agency's Section 8 waiting list. A separate application is required for Section 8. Applicants are mandated to complete a Section 8 application in addition to the Bridges application.

The application must be filled out completely and signed by the applicant.

Applicant Information: Indicate the participating county from which the application is being generated. This may not be the same county in which the applicant is currently residing. The applicant's current address, however, should be listed.

Household Composition Characteristics

Paragraph Question 1: List only the individual(s) who will be residing in the subsidized unit. Remember to include all household members who will live in the subsidized unit. Complete information on the source, type and amount of income and assets must be included. The name and address of employers must be included. The Gross Monthly Income Amount means before any deductions from wages for taxes or from Social Security for Medicare.

NOTE: It will be extremely helpful and will speed the application process if verification of income and assets can be attached to the application. Verification of income includes benefit award letters from Social Security, MSA, GA etc.; payroll check stubs showing hours worked and rate of pay for, at a minimum, a month period; a copy of a recent bank statement showing the account balance and interest rate; and any other documentation of income and assets which may be available.

Applicant Certification: The applicant and co-applicant(s), by signing and dating the application, certify that the information provided is complete and correct. All applications must contain the signature of the applicant and other adults 18 or older living in the household.